

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035220

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 511

FILED OCT 15 1962

VS 300  
Rev. 4/59

10499

3499

3

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9541.0

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11

123-0

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b 10 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 101 N. Jackson Ave.	
3. NAME OF DECEASED (Type or print) First ROY Middle SWEARINGEN Last		4. DATE OF DEATH Month October Day 10, Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-18-1962
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Engineer -		10b. KIND OF BUSINESS OR INDUSTRY Meeker Co.	
11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Perry Swearingen		13b. MOTHER'S MAIDEN NAME Somantha	
14. NAME OF HUSBAND OR WIFE Georgina Swearingen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Georgina Swearingen, 101 N. Jackson	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) G.I. tract hemorrhage. Embolus of right femoral artery. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Duodenal ulcer DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24 hours. 2 1/2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from April 1954 to October 10, 1962 and last saw him alive on October 9, 1962		Death occurred at 8:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Lloyd H. Hopf		22b. ADDRESS 607 Frisco Bldg., Joplin, Missouri	
22c. DATE SIGNED 10-10-62		23. NAME OF CEMETERY OR CEMETERY I.O.O.F. Cemetery, Blackwell, Oklahoma	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-12-1962	23c. LOCATION (City, town, or county) (State)	24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG. 10-12-1962		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Shirley E. Amue*

Licensed Embalmer No. 4463

P. O. Address *Jeplu, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.